P.O. Box 12070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

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The C/OH Instruction	Guide explains how to complete this	form. 1 ACCO	UNT # ommission Filers)	2 Total pages file	d:
3 CANDIDATE /	MS/MRS/MR FIRST		IM	OFFICE	USE ONLY
OFFICEHOLDER	Ms Tania			<u> </u>	
NAME				Date Received	2 0
	NICKNAME LAST	<u>,</u>	SUFFIX	:	
	Ch OZŁ	T			CITY CI
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE	ZIP CODE	1	22 P
OFFICEHOLDER	252 Columbia	ElPaso TX		. *	rn
MAILING	Ave.	0.1400 17.	77907	Date Hand-delivered o	r Postmarked
ADDRESS	Ave.				P A
change of address				Receipt #	Ampun [1]
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTE			
OFFICEHOLDER	(915) 859-2477	•		Date Processed	ဖ
PHONE	(11-)			·	
6 CAMPAIGN	MS/MRS/MR FIRST	• -	МІ	Date Imaged	
TREASURER NAME	Mr. Gustav	0			
I WILL	NICKNAME LAST		SUFFIX		
	Reveles				
	Percles				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AP	T/SUITE#; CITY;	STATE;	ZIP CODE	
TREASURER	3514 O'Keefe	El Paso	TX	29007	
ADDRESS (residence or business)	- Teche	((450	' /	T1902	
,	Dr.				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTEN	NSION		
TREASURER	(015) 75/ 7	_			
PHONE	(915) 256 - 3	273			
		`~			
9 REPORT TYPE	January 15 🔀 30th day before	e election Run	off	15th day after	
				treasurer appo (officeholder only)	
	July 15 8th day before	election Exce	eded \$500	Final report (Atta	ach C/OH - FR)
		limit			
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10 PERIOD COVERED	Month Day Year		Month Day	Year	
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11 ELECTION	Month Day Year		-A-A		
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12 OFFICE	OFFICE HELD (if any)	13 OFFIC	CE SOUGHT (if known)	1	1.
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GO TO PAGE 2					

Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ania M	1. Chozet	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME	. 20	
	SPECIFIC	COMMITTEE ADDRESS	TY CL	
			<u> </u>	
·		COMMITTEE CAMPAIGN TREASURER NAME	at a second	
additional pages			PM 22	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
			v	
			·	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 730.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 730.00 \$ 24,530.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 477.12			
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 4095.21		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	* Ø	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$ 0	
18 AFFIDAVIT	·			
	ULORES M JENI NOTARY PUBLIC and for the State of To My commission expi 04-25-2014	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officeholder	
AFFIX NOTARY STAM		1 . h. 11		
Sworn to and sub	scribed before	me, by the said <u>Sania A. Chara</u>	, this the	
$\frac{1}{\sqrt{1}}$	To be		Notes 1	
Signature of officer adm	Knuws inistering oath	Dolores M. Jen Kin S Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS

CITY CIEDY DEDT

(512) 463-5800

The Instruction Guide explains how to complete this form. I Total pages Schedule A: I Of 15 2 FILER NAME An I OCCUNT # (Ethics Commission Filen) 3 ACCOUNT # (Ethics Commission Filen) 4 Date 5 Full name of contributor	OTHER THAN PLEDGES OR LOANS			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:		·	I PM 2: 19	
4 Date 5 Full name of contributor	The Instruction Guide explains how to complete this	form.		
Myrna Deckert 2/22/13 6 Contributor address; City; State; Zip Code 4276 Canter bury Dr. El Paso TX 79902 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) Date 2/22/13 Full name of contributor out-of-state PAC(IDs.			3 ACCOUNT # (E	thics Commission Filers)
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Date Full name of contributor out-of-state PAC (IDIX) Amount of contribution (\$) In-kind contribution (\$) description (if applicable) 2		79902		of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL	CONTRIBUTIONS
OTHER TH	AN PLEDGES OR LOANS

CITY CLERK DEPT.

(512) 463-5800

2013 APR 11 PM 2:19

SCHEDULE A

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The Instruction Guide explains how to complete this form.		4 of	15	
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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS 2013 APR 11 PM 2: 19

SCHEDULE A

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1 Michael Wyatt	contribution (\$) description (if applicable)
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Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) P.O. Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** CITY CLERK DEPT. SCHEDULE A OTHER THAN PLEDGES OR LOANS 12013 APR 11 PM 2: 19 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME . ania 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) contribution (\$) State: Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) To Anne Bernal Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

Texas Ethics Commission	P.O. Box 12070	Austin, Texa	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
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alanda Ea	LESCULEVO utor address; City; S	tate; Zip Code PS+ 79902	7	200	description (if applicable)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

(512) 463-5800

SCHEDULE A

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3/29/13	6 Contributor address; City; State; Zip Code PO Box Z21797		300	
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9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
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3/30/13	Contributor address; City; State; Zip Code 1091 le Avt Wall El Paso TX 799	36	250	(of Texas, complete Schedule T)
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Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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SCHEDULE A

POLITICAL CONTRIBUTIONS

CITY CLERK DEPT.

OTHER THAN PLEDGES OR LOANS 2013 APR 11 PM 2: 19				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME. Tania Chozet	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
3/25/13 6 Contributor address; City: State: Zip Code PO BOX 310 Clint	250			
TX 79836	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) 10 Employer (Se	e Instructions)			
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3/25/13 JO Stewart Contributor address; City; State; Zip Code 124 West Castellano Ste 213	500			
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Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)			
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3/28/13 Contributor address: City: State: Zip Code 5035 Meadowlark	100			
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L Paso TX 79912	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 12013 APR	LERK DEPT. SCHEDULE A		
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:		
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
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4 Date 5 Full name of contributor	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)		
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3/20/13 Contributor address; City; State; Zip Code 4804 Villa Encanto	500		
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Date Full name of contributor U out-of-state PAC(ID#) RGYMOND PalaCIOS	contribution (\$) description (if applicable)		
3/19/13 Contributor address; City; State; Zip Code	500		
637 Willow Gles			
E1Paso 1X 19922	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See	instructions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of in-kind contribution contribution (\$) description (if applicable)		
3/20/12 Willian Lovelady	į į		
Contributor address; City; State; Zip Code PO Box 5	300		
Tochillo TX 79853	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
AT IACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide forad			

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 2013 APR 11 PM 2: 19

Texas Ethics Commission

CITY CLERK DEPT.

SCHEDULE A

	2013 M. V. I. I. I. I. Z. 1.3	
The Instruction Guide explains how to complete th	s form. 1 Total pages Schedule A: 10 of 15	
2 FILER NAME. Tania Chorlt	3 ACCOUNT # (Ethics Commission I	Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind cord description (if	
RICK Francis 6 Contributor address; City; State; Zip Code 500 N. Mesa	1,000	·
E1 Paso TX 79901	(If travel outside of Texas, complete	Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#:	contribution (\$) description (if	
3/12/13 BOB HOY Contributor address; City; State; Zip Code 2011/11/a Sevena	1,000	
El Paso TX 7992	(If travel outside of Texas, complete	Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution (\$) description (if	
Contributor address; City; State; Zip Code 4445 N. Mesa Ste (C	17000	
E(P450 TX 7990	C (If travel outside of Texas, complete	Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) J ROBLY + BYOWN	Amount of In-kind co contribution (\$) description (i	
3/14/13 Contributor address: City; State; Zip Cod. 123 W. Mills Ave. Ste	610 2000	
E18450 TX 7990	(If travel outside of Texas, complete	Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind co contribution (\$) description (i	
3/19/13 Contributor address; City; State; Zip Cod	2,000	
1 EIP950 TX 1799	(If travel outside of Texas, complete	Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:		
	2 ACCOUNT # (Ethics Commission Filers)		
I ania Chozet	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of 8 In-kind contribution		
Tody Casen Frinbera	contribution (\$) description (if applicable)		
2/24/13 6 contributor address; City; State; Zip Code 1000 Madeline Dr.	100		
El Paso TX 7990Z			
	(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) 10 Employer (See			
Date Full name of contributor out-of-state PAC(ID#:	Amount of In-kind contribution		
Jo Anne Bernal	contribution (\$) description (if applicable)		
2/11/2 Contributor address; City; State; Zip Code	100		
3/11/13 1065/ Janway	100		
FIP 11 TV 79035			
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See	mon donor to y		
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution		
Charlie Gomes	contribution (\$) description (if applicable)		
3/0/12 Contributor address; City; State; Zip Code			
11420 Fred Marti 79936	100		
1 1 1 7993/2	(If travel outside of Tower complete Schodule T		
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)		
Principal occupation / Job title (See Instructions)			
Date Full name of contributor out-of-state PAC(ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)		
1 , Bill Sanders	contribution (\$) description (if applicable)		
3/11/13 Contributor address; City; State; Zip Code	z,000		
711113 201 E Main Ste 350	2,000		
El Paso TX 79901	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)		
1 Ginger Francis	contribution (\$) description (if applicable)		
3/12/13 Contributor address; City; State; Zip Code	1,000		
111 POBOX 3739	1,000		
El Paso Tx 79923	(If topol outside of Tayon complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

CITY CLERK DEPT. SCHEDULE A

(512) 463-5800

OTHER THAN PLEDGES OR LOA	NS 2013	APRII PM 2	2: 19
The Instruction Guide explains how to complete the	his form.	1 Total pages Sch	edule A:
2 FILER NAME.		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	±	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/5/13 6 Contributor address; City; State; Zip Cool 1102 EmersonSt		100	\
Palo Alto CA 943			of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Engineer Software	10 Employer (See	X	
Date Full name of contributor out-of-state PAC(ID)	#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/5/13 Contributor address; City; State; Zip Cod		250	
Marina del Rey, CA	90292		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Wells F	argo	
Date Full name of contributor out-of-state PAC(ID) John Kimble	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/6/13 Contributor address; City; State; Zip Contributor April 2E	de	100	
NY NY 10011			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	/ ~ 1 1	York
Date Full name of contributor Out-of-state PAC(ID)	#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/6/13 Contributor address; City; State; Zip Con	de	200	
			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) DOCTOV - RESIDENT	Employer (See	Instructions)	
Date Full name of contributor U cut-of-state PAC (ID	#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/7/13 Contributor address; City, State; Zip Co	de	150	
Sacramento CA	95911		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Den+19+	Employer (See	Instructions)	
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CITY CLERK DEPT. **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS 2013 APR | | PM 2: 19

SCHEDULE A

		£	1 Total pages Sch	edule A:
The	Instruction Guide explains how to complete this	torm.	13 04	(5
A SUSPINALS				thics Commission Filers)
2 FILER NAME	in Clarat		·	
lan	1a Chozel			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	John Sinudec		contribution (\$)	description (if applicable)
2/2/10	John Sny del		250	(
3/4/13	6 Contributor address; City; State; Zip Code		200	' 1
l	John Snyder 6 Contributor address; City; State; Zip Code 286 Guerrero St			
	San Francisco			
				of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
DIVECTO	or International Reporting	Gap Inc		
Date	Full name of contributor ut-of-state PAC (ID#		Amount of	In-kind contribution
	Oscar Omar Salazar		contribution (\$)	description (if applicable)
				I
3/8/13	Contributor address; City; State; Zip Code		100]
')	28 2nd St 3rdFl		100]
	· · · · · · · · · · · · · · · · · · ·	4105		
	San Francisco CA 9	1100	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Marivel Oropeza		contribution (\$)	description (if applicable)
2/1/	11/4/100/		120	
3/9/13	Contributor address; City; State; Zip Code		100	<u> </u>
(('	3768 Bagley Unit 21	7		
	Los Angeles CA 90	034		
	0 011	• • • • • • • • • • • • • • • • • • • •		of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	instructions)	hool
Dean 5		Cros68	baas sci	1001
Date	Full name of contributor		Amount of	In-kind contribution description (if applicable)
. 1	Jessica Anna Cabot		contribution (\$)	description (ii applicable)
2/0/12			00.	Ī
1 2 1 1 1 1 5	Contributor address; City; State; Zip Code	1 1122	300	! {
' '	535 s. Mesa Hills Ap	of 1123		
	El Paso TX 79912			(Township Ostadula T)
	<u> </u>	Employer (Şee		of Texas, complete Schedule T)
Lawus	pation / Job title (See Instructions)	L95 Am	1e/10a3	,
29000	/ Y	- 13 M.	1040	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1	Everett Saucedo		COMMIDGION (4)	description (// application)
12/11/10	Contributor address; City; State; Zip Code		100	
12/11/13			110()	
1 , 1,	2904 Grant Ave	\sim		1
İ	EL PGSO TX 7993	\mathcal{U}	(If travel autoida	of Texas, complete Schedule T)
Principal com	pation / Job title (See Instructions)	Employer (See	······································	1 A)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 2013 APR 11 PM 2: 20

CITY CLERK DEPT.

		1 Total pages Sche	edule A:
The Instruction Guide explains how to complete this	form.	14 K	15
2 FILED NAME		3 ACCOUNT # (E	thics Commission Filers)
2 FILER NAME.			`
I ania Chozet			
4 Date 5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1, Christopher Leon		contribution (#)	description (ii applicable)
21010		100 !	
3/13/13 6 Contributor address; City; State; Zip Code 6 W 95 th 5+.		100	
NY NY 10025		(If travel outside o	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See In		
Software Developer	Real Tin	ne Risk	Systens 1
	101111		In-kind contribution
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	description (if applicable)
I, Illing Stege	}	. ,	
		100	
3/13/13 Contributor address: City; State; Zip Code		100	·
m (al alil			
NY NY 10025		(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In:	structions)	
Consultant	5e/f		
Date Full name of contributor out-of-state PAC(ID#:		Amount of	In-kind contribution
Luis David Garcia		contribution (\$)	description (if applicable)
		100	·
3/14/13 Contributor address; City; State; Zip Code 237 Whittiev		100	
1			
El Paso TX 79907	7	(If travel outside (of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		i toxac, complete conseale i,
Findipal occupation / 300 title (Dec mattodions)	2p.o.y or (2.00 m)	,	
Date Full name of contributor ☐ out-of-state PAC (ID#:		Amount of	In-kind contribution
		contribution (\$)	description (if applicable)
, / Sonah Lee			
3 2 3 Contributor address; City; State; Zip Code		250	
1 914 McPherson Rd F	= 4807		
Laredo TX 78045			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	L of Justice
US Attorney		42 DA	
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Mario Centeno		CONTRIBUTION (4)	- COSONPACT (II applicable)
2 Contributor address; City; State; Zip Code		100	
1910/13 3013 F. 1011		$(U \cup C)$	grift of the con-
0 1 7/2 7026	7		'
Austin tx 7870	4	(If travel outside	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 2013 APR 11 PM 2: 20

SCHEDULE A

		_	1 Total pages Sch	edule A:
The	Instruction Guide explains how to complete this	s form.	15 of	15
	1			thics Commission Filers)
2 FILER NAME	. ()		· //0000/// // (2	
lan	la Chozet			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Laura Ponce		contribution (\$)	description (if applicable)
1 1			250	
3/20/13	6 Contributor address; City; State; Zip Code		230	,
1	6 Contributor address; City; State; Zip Code			1
•	El Paso TX 79	907	iif tours autoida	f Texas, complete Schedule T)
		10 Employer (See I		or rexas, complete defledule 17
	pation / Job title (See Instructions)	Pro lect	Bravo	
Cycu		Litte		
[*] Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7 1	Gregg Brody Contributor address; City; State; Zip Code Lele Ninth Ave Apt		-5	- 1 (n -pp
2/2/1/12	Contributor address; City; State; Zip Code		500	
13/2913	lala Ninthalla Ant	4K)	300	
1	the state of the s	1,0		
	NY NY 10011		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Rese	arch Analyst	JP MOV	gan	
Date	Full name of contributor ut-of-state PAC (ID#_	}	Amount of	In-kind contribution
Jako	Everett Saucedo		contribution (\$)	description (if applicable)
2/22/12	Coci cit squee40			1
17/27/13	Contributor address; City; State; Zip Code 2904 Grant		150	1
' !	2107 Grant		100	1
, .	E 1950 Tx 79931	\mathcal{D}	(If travel outside	of Texas, complete Schedule T)
Drinning again	pation / Job title (See Instructions)	Employer (See J		i i i i i i i i i i i i i i i i i i i
IAW		Texas R	10 Grande	Legal Ail
- V - 1 F			Amount of	In-kind contribution
Date	Full name of contributor uut-of-state PAC (ID#_		contribution (\$)	description (if applicable)
) /	I velley Viramontes			ŧ
3/25/12	Contributor address; City; State; Zip Code		100	
17/10	10989 Gary Hayer		100	
1	E(Paso TX 79935			Liver
	(, , , , , , , , , , , , , , , , , , ,			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See)	nstructions) Magn (Z/U	a 11C
Profe	ssional Organizar	1 MIT OF C	7 990 1210	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
, ,	Deborah Kastrin		What board (#)	1
2/12/12	Contributor address; City; State; Zip Code		100	
1-1/27/15	3940 Flaningo		100	
, ,	1 Diamingo	7		1
	1 4 Paso 1X 1996)	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		^
Se	1F. eniployed	14asco	Verture	<u> </u>
i				

Texas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		CITY CLE	RK DEPT.	
PLEDG	ED CONTRIBUTIONS	1,2013 APR 1 1	PM 2: 20	SCHEDULE B
The	Instruction Guide explains how to complete	this form.	1 Total pages Scho	edule B:
2 FILER NAME	- · al l		3 ACCOUNT # (Et	hics Commission Filers)
- Ta	nia Chozet			
4 TOT/	20. 022		⇒ ⇒	\$
5 Date	6 Full name of pledgor	#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
Λ				
'Ja	7 Pledgor address; City; State; Zip C	Code 3		
ľ				
			<u>`</u>	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor	#:)	Amount of pledge (\$)	In-kind description (if applicable)
			picago (¢)	(455)
	Pledgor address; City; State, Zip C	Code		
	· \		j	
		\	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID	#:	Amount of	In-kind description
	· · · · · · ·		pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip C	Code	· 	
	ing, case, against, and			
			'	
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID)#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip C	Code		
			(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of pledgor out-of-state PAC (ID	#)	Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip C		1	\
			<u> </u>	of Texas; complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
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lf (ATTACH ADDITIONAL COPI contributor is out-of-state PAC, please see			requirements.

(TDD 1-800-735-2989)

LOANS		2013 APR 11 PM 2: 20		SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages	Schedule E:
2 FILER NAME	nia Chozet		3 ACCOUNT #	E (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	+ + + + +	⇒ \$	
5 Date of loan	7 Name of lender [out-of-state PAC (ID#:) 9	Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	19	
Y N	·		11	Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	15 Check if personal funds were	e deposited into	political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor		19	Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender [out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
YN				Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	1	
Description of Coll	ateral	Check if personal funds were	deposited into	political account
none				
GUARANTOR INFORMATION not applicable	Name of guarantor	State; Zip Code		Amount Guaranteed (\$)
Principal Occupa	I tion (See Instructions)	Employer (See Instructions)	I	A
If len	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NE		ements.

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(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 2: 20

	**			
Advertising Expense	Gift/Awards/Memorials Expense	CATEGORIES F Salaries/Wages/Cor	ntract Labor Lo	pan Repayment/Reimbursement
Accounting/Banking	Legal Services Food/Beverage Expense	Solicitation/Fundrais Travel In District	• .	ransportation Equipment & Related Expense
Consulting Expense Event Expense	Polling Expense	Travel Out Of Distri		ontributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ntal Expense O	THER (enter a category not listed above)
	The Instruction Guide	explains how to c	omplete this form	
1 Total pages Schedule F:	2 FILER NAME	1		3 ACCOUNT # (Ethics Commission Filers)
1 of [Tania (hozt			
4 Date	5 Payee name	1		
2/21/2013	Stanton Stre	cet		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	200	
1200	300 N OVERIZ	MID Ste	200	
1100	E1 Paso TX	79901		
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		Voter di	atabase service
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name C + 1	\sim		
	City of Elt	950	_	
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
15D	300 N. Can	uppell		
	El Paso,T	X 7990	71	
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1-ees		Candida	tefiling tee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held
3/8/13	Payee name ALL Print			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
1558.79	El Paso TX	Nay E95+ 79915		
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expens	0	Signs a	and doorhangers
			Y	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office nera
Date	Payee name	1		
חוו היו חו		_ I		

13/12/13	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
109.30	9801 Gatenay Blvd El Paso TX 799	125
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printer Cartridge & Paper
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

· 2013 APR | | PM 2: 20

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Re	, , , , , , , , , , , , , , , , , , , ,
	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule G:	Tania Chozet	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name \	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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PAYMENT FROM POLITICAL CONTRIBUTIONS: DEPT. TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

2013 APR 11 PM 2: 20

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	·
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ising Expense Trar Con trict C	n Repayment/Reimbursement asportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate \Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
,	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

(512) 463-5800 (TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES CITY CLERK DEPT. SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS

2013 APR 11 PM 2: 20

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/F The Instruction Guide explains how to	• • • • • • • • • • • • • • • • • • • •
4 T to the second of the		
1 Total pages Schedule I:	2 FILER NAME Tania Chozet	3 ACCOUNT # (Lancs Commission Files)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	,
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAMS/ CLERK DEPT SCHEDULE K REFUNDS, AND PURCHASE OF INVESTMENTS

		2013 APK 11 PH 2: 20	
Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule P	(:
FILER NAM	Tania Chozet	3 ACCOUNT # (Ethics C	ommission Filers)
Date	5 Name of person from whom amount is received	8	Amount (\$)
$\Lambda \alpha$	6 Address of person from whom amount is received; City; State; Zip	o Code	
	7 Purpose for which amount is received	·	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip	o Code	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zi	Code	·
	!		
	Purpose for which amount is received		
Date	Purpose for which amount is received Name of person from whom amount is received		Amount (\$)
Date		p Code	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE DEPT SCHEDULE T		
I OK IKAVEL OU		2013 APR LL PM 2: 20
The Instruction Gu	tide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME ANIC	a Chozet	3 ACCOUNT # (Ethics Commission Filers)
 	ion or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure repo	rted on:	
Schedule A	Schedule B Schedule C Sc	hedule D Schedule F Schedule G
Schedule H	Schedule N COH-UC CO	OH-T PAC-C PAC-E
6 Dates of travel 7 Nam	ne of person(s) traveling	
8 Depa	arture city or name of departure location	
9 Dest	ination city or name of destination location	
10 Means of transportation		
Name of Contributor / Corporation	on or Labor Organization / Pledgor / Payee	
Contribution / Expenditure report	ed on:	,
Schedule A	Schedule B Schedule C Sc	hedule D Schedule F Schedule G
Schedule H	Schedule N COH-UC CO	DH-T PAC-C PAC-E
Dates of travel Name	of person(s) traveling	
Depart	ure city or name of departure location	
Destina	tion city or name of destination location	
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Name of Contributor / Corporation	In Or Labor Organization / Freugor / Fayee	
Contribution / Expenditure report	ed on:	
Schedule A	Schedule B Schedule C Sd	nedule D Schedule F Schedule G
Schedule H	Schedule N COH-UC CO	H-T PAC-C PAC-E
Dates of travel Name	of person(s) traveling	
Departure city or name of departure location		
Destina	tion city or name of destination location	
Means of transportation Purpose of travel (including name of		e, seminar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED